

## ICMJE DISCLOSURE FORM

Date: Apr. 12<sup>th</sup>, 2021

Your Name: Antonio Portolés Hernández

Manuscript Title: Checkpoint inhibitor-induced fulminant myocarditis, complete atrioventricular block and myasthenia gravis – a case report.

Manuscript number (if known): CDT-21-147

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	__X__ None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

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**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: Apr. 12<sup>th</sup>, 2021

Your Name: Mariola Blanco Clemente

Manuscript Title: Checkpoint inhibitor-induced fulminant myocarditis, complete atrioventricular block and myasthenia gravis – a case report.

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## ICMJE DISCLOSURE FORM

Date: Apr. 12<sup>th</sup>, 2021

Your Name: Daniel Escribano García

Manuscript Title: Checkpoint inhibitor-induced fulminant myocarditis, complete atrioventricular block and myasthenia gravis – a case report.

Manuscript number (if known): CDT-21-147

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Date: Apr. 12<sup>th</sup>, 2021

Your Name: Rocío Velasco Calvo

Manuscript Title: Checkpoint inhibitor-induced fulminant myocarditis, complete atrioventricular block and myasthenia gravis – a case report.

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Date: Apr. 12<sup>th</sup>, 2021

Your Name: Beatriz Núñez García

Manuscript Title: Checkpoint inhibitor-induced fulminant myocarditis, complete atrioventricular block and myasthenia gravis – a case report.

Manuscript number (if known): CDT-21-147

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**No time limit for this item.**

**Time frame: past 36 months**

- 2 Grants or contracts from  None any entity (if not indicated in item #1 above).

3 Royalties or licenses  None

4 Consulting fees  None

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  None

6 Payment for expert testimony  None

7 Support for attending meetings and/or travel  None

8 Patents planned, issued or pending  None

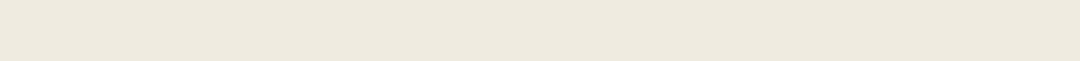
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## ICMJE DISCLOSURE FORM

Date: Apr. 12<sup>th</sup>, 2021

Your Name: Juan Francisco Oteo Domínguez

Manuscript Title: Checkpoint inhibitor-induced fulminant myocarditis, complete atrioventricular block and myasthenia gravis – a case report.

Manuscript number (if known): CDT-21-147

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Your Name: Clara Salas Antón

Manuscript Title: Checkpoint inhibitor-induced fulminant myocarditis, complete atrioventricular block and myasthenia gravis – a case report.

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Date: Apr. 12<sup>th</sup>, 2021

Your Name: Míriam Méndez García

Manuscript Title: Checkpoint inhibitor-induced fulminant myocarditis, complete atrioventricular block and myasthenia gravis – a case report.

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## ICMJE DISCLOSURE FORM

Date: Apr. 12<sup>th</sup>, 2021

Your Name: Javier Segovia Cubero

Manuscript Title: Checkpoint inhibitor-induced fulminant myocarditis, complete atrioventricular block and myasthenia gravis – a case report.

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Your Name: Fernando Domínguez Rodríguez

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